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(54) Title: A METHOD FOR MONITORING THE HEALTH OF A PATIENT BY MEASURING AND PREDICTING THE GLUCOSE LEVEL OF THE PATIENT'S BLOOD SAMPLE

(57) Abstract

The present invention relates to a monitoring equipment (9) comprising means (15) for receiving a measurement result indicating the patient's blood glucose level, and for storing it in a first memory means (10). In order to improve and facilitate the treatment of the patient, the monitoring equipment comprises means (15) for receiving data concerning the patient's diet, medication and physical strain, and for storing it in the first memory means (10), data processing means (11, 12) for calculating a predictive value on the basis of the data stored in the first memory means (10), and corrector means (13) for calculating the difference between the calculated predictive value and the patient's actual blood glucose level, and for correcting the mathematical model utilized to calculate the predictive value in order to take into account the aforementioned difference in subsequent calculations of predictive values.

A METHOD FOR MONITORING THE HEALTH OF A PATIENT BY MEASURING
AND PREDICTING THE GLUCOSE LEVEL OF THE PATIENT'S BLOOD SAMPLE

FIELD OF THE INVENTION

The present invention relates to a method for
monitoring the health of a patient, wherein the glucose
level of the patient's blood sample is measured. The
invention also relates to a monitoring equipment for
monitoring the health of a patient, the equipment
comprising means for receiving a measurement result
indicating the glucose level in the patient's blood sample
and for storing it in a first memory means together with
data indicating the moment of the measurement.

DESCRIPTION OF THE PRIOR ART

As is well known, monitoring the health of a
patient with diabetes is primarily based on the measurement
of the patient's blood glucose level at regular intervals.
Treating diabetes requires regular measurements and regular
monitoring of the measurement results in order to ensure
that the patient's blood glucose level definitely remains
within the allowable area and that the patient's medication
is optimal.

In the present health care system it is not
possible for financial and practical reasons for a person
specialized in treating diabetes to personally monitor
continuously the health of a patient, but the monitoring of
the patient's health is largely dependent on the patient
himself. Therefore the patient himself must perform
measurements at regular intervals, even as often as 6 to 8
times a day. In order that the doctor treating the patient
could obtain data about the development of the patient's
health over a longer period, the patient must also keep a
record of the measurement results, which the doctor can
examine afterwards.

The fact that a relatively large number of
patients with diabetes also contract a secondary disease

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(e.g. cardiovascular diseases, neuropathy or blindness),
which in turn causes considerable costs for the society,
clearly indicates that at the moment doctors cannot treat
patients with diabetes sufficiently effectively or cannot
help the patients to care for themselves. One reason for
this is that each doctor often treats a high number of
patients, whereupon the contact between each individual
patient and the doctor is insufficient and the doctor
cannot therefore monitor the development of the health of
individual patients sufficiently effectively.
SUMMARY OF THE INVENTION
          The purpose of the present invention is to
facilitate and improve the treatment of a patient with
diabetes and to provide a method by means of which the
patient is able to care for himself more effectively than
previously. This object is achieved with a method according
to the invention, characterized by formulating an adaptive
mathematical model about the behaviour of the patient's
blood glucose level, the model taking into account at least
the patient's diet, medication and physical strain and
comprising comparing the predictive values provided by the
model to the measured glucose levels and correcting the
mathematical model on the basis of the result of said
comparison, and providing the patient with means for
utilizing said mathematical model, so that the patient can
himself monitor and predict the effect of the treatment he
is to follow on the behaviour of his blood glucose level.
          Another purpose of the invention is to provide a
monitoring equipment which facilitates and improves the
treatment of a patient. This object is achieved with a
monitoring equipment according to the invention,
characterized in that the monitoring equipment comprises
means for receiving data concerning at least the patient's
diet, medication and physical strain and for storing the
data in the first memory means, data processing means for

calculating a predictive value on the basis of the data
stored in the first memory means, the predictive value
indicating the patient's predictable blood glucose level at
a predetermined moment, and corrector means for calculating

5   the difference between the calculated predictive value and
the patient's actual blood glucose level calculated at said
predetermined moment, and for correcting the mathematical
model utilized by the data processing means to calculate a
predictive value in order to take into account said

10   difference in the subsequent calculations of predictive
values.

        The invention is based on the idea that when an
adaptive mathematical model is formulated concerning the
behaviour of a patient's blood glucose level and when the

15   patient is provided with a monitoring equipment comprising
data processing means for calculating a predictive value
describing the patient's blood glucose level on the basis
of data supplied to the equipment, and corrector means for
correcting the model used for calculating the predictive

20   value on the basis of the difference between the previous
predictive values and the actual measurement results, the
patient can take care of himself better than before and
monitor and predict the development of his own health,
since he is able to better estimate, by means of the

25   monitoring equipment, how his blood glucose level is likely
to change on the basis of the predictable medication, diet
and physical strain. In other words, if the predictive
value turns out to be bad, the patient can contact for
example his doctor in order to discuss possible changes in

30   medication or he can alternatively change his diet, for
instance.

        Due to the corrector means the monitoring
equipment becomes adaptive, i.e. it can take into account
the characteristic features of the patient in question in

35   the mathematical model utilized by the data processing

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means, so that the differences between the previous
predictive values and the actual measurement results can be
used in the long term to develop a mathematical model for
the patient in question. If the mathematical model used for
calculating a predictive value turns out to be very
accurate in the long term due to the action of the
corrector means, i.e. if the difference between the
predictive value and the actual value measured afterwards
is close to zero, the patient can even skip some
measurements due to the monitoring equipment according to
the invention, since he can accurately predict with the
equipment the development of the glucose level by means of
the expected diet, medication and physical strain. This
considerably facilitates the situation for the patient
since the blood glucose level is rather complicated to
measure.

       The method and the monitoring equipment according
to the invention therefore have the following primary
advantages. The method and the monitoring equipment
considerably improve and facilitate the patient's self-care
since the patient can estimate the development of his blood
glucose level better than before. The doctor obtains more
detailed and more accurate data about the patient's health
since it is possible to read from the memory of the
monitoring equipment data that the doctor can utilize later
for example for a trend analysis. Due to the monitoring
equipment, the number of the daily glucose level
measurements can be decreased in the long term.

       In a preferred embodiment of the monitoring
equipment according to the invention, the monitoring
equipment consists of a data processing equipment of a
hospital or the like with which the patient communicates
via a communications device utilizing wireless data
transmission. This embodiment of the invention makes it
possible for the patient to transmit the required data to

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the monitoring equipment regardless of his current
location. This embodiment also enables for the doctor to
monitor, if desired, the most recent data concerning the
patient's health without a need for an appointment, or even
5   a phone call, between the patient and the doctor.

        In another preferred embodiment of the monitoring
equipment according to the invention, the monitoring
equipment and the measuring equipment suitable for
measuring the blood glucose level are integrated into a
10   communications device, preferably a mobile phone, utilizing
wireless data transmission. This embodiment of the
invention frees the patient from carrying with him several
separate conspicuous devices, since only one device is
sufficient. Also in this embodiment the patient can
15   continuously transmit, via the communications device, data
concerning his health to the doctor treating him,
regardless of the patient's location, and the doctor can
monitor the development in the patient's health and even
contact the patient directly by means of the mobile phone,
20   if required. In this embodiment, the calculation of the
predictive value is naturally not dependent on whether the
patient is located in a shadow area of the mobile system at
the moment, since the calculation of the predictive value
takes place entirely in the monitoring equipment the
25   patient carries with him. If the patient is in a shadow
area at the moment of calculation, he can transmit
afterwards, if he so wishes, the data that he has supplied
to the monitoring equipment and that has been stored in the
memory thereof to the data processing system available to
30   the doctor treating him.

        The preferred embodiments of the monitoring
equipment according to the invention are disclosed in the
appended dependent claims 3 to 7.

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BRIEF DESCRIPTION OF THE DRAWINGS

In the following, the invention will be described in greater detail, by way of an example, by means of a few preferred embodiments of the invention illustrated in the accompanying figures, in which

Figure 1 illustrates the first preferred embodiment of the monitoring equipment according to the invention,

Figures 2 and 3 illustrate the second preferred embodiment of the monitoring equipment according to the invention, and

Figure 4 illustrates the calculation of a predictive value.

DESCRIPTION OF THE PREFERRED EMBODIMENTS

Figure 1 illustrates the first preferred embodiment of the monitoring equipment according to the invention. In the case shown in Figure 1, the monitoring equipment consists of a hospital data processing system 9 and the applications software used therein.

In the situation shown in Figure 1, the patient can use a mobile phone 1 by means of which he can supply data to the monitoring equipment 9. When the patient wants the monitoring equipment 9 to calculate a predictive value for the likely blood glucose level at a certain moment, for example after five hours, he supplies data concerning at least the most recent measurement result and the time of the measurement (if the data concerning the measurement result has not been supplied before to the monitoring equipment), the expected medication, diet, physical strain and the moment for which the predictive value is to be calculated (i.e. in this example five hours later) to the monitoring equipment 9 via the keyboard of the mobile phone 1. If the mobile phone comprises an integrated measuring device for measuring the glucose level, the measurement result or the time of the measurement do not have to be

supplied since they may be stored in the memory of the
mobile phone 1. The mobile phone 1 that is assumed to be,
by way of an example, a mobile phone of the GSM mobile
system (Groupe Spécial Mobile) then transmits the supplied
5   data in the form of a short message 3 to a base station 4.
The base station 4 forwards the message via a base station
controller 5, a mobile services switching centre (MSC) 6
and a gateway centre 7 to a short message service centre
(SMSC) 8 in the mobile system. The GSM system and the short
10   message service thereof are described in greater detail for
example in *The GSM System for Mobile Communications* by M.
Mouly and M.-B. Pautet, Palaiseau, France, 1992, ISBN: 2-
9507190-0-7, and therefore they will not be described in
greater detail in this connection.
15   The short message service centre 8 is programmed
to transmit the short message received from the patient's
mobile phone 1 directly to the data processing system 9 of
the hospital. Therefore the doctor treating the patient has
at all times access to the most recent data concerning the
20   patient, regardless of the patient's current location.
                When the monitoring equipment 9 has received, via
its transceiver unit 15, the data supplied by the patient,
it stores it in a first memory means 10 that may consist
of, for example, a file in the hard disk of a computer. A
25   calculator 12 thereafter starts calculating a predictive
value on the basis of the data stored in the first memory
means. During the calculation, the calculator 12 also takes
into account correction coefficients stored in a second
memory means 11. The first 10 and the second 11 memory
30   means may consist of, for example, separate storage
locations situated physically in the same memory chip, or
alternatively of separate files located in the same
computer hard disk. The calculation of a predictive value
is described in greater detail in connection with Figure 3.

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When the predictive value has been calculated, the monitoring equipment 9 transmits it in the form of a short message to the patient's mobile phone 1, and the patient can ensure by means of the predictive value that his blood glucose level remains within the allowable area for the next five hours. On the other hand, if the predictive value shows that the blood glucose level is likely to change unfavourably during the following, for example five, hours, the patient may consider changing his diet, physical strain or even medication and he can supply the new changed data to the monitoring equipment and obtain a new predictive value which indicates the effect of the change on the blood glucose level.

Next time when the patient measures the blood glucose level and supplies the data concerning the measurement value and the moment of measurement to the monitoring equipment 9, the equipment stores this data into the first memory means 10 and also uses this data for correcting the mathematical model used for calculating the predictive value.

If the most recent moment of measurement corresponds to the moment for which the calculator 12 has already previously calculated a predictive value, the calculator 12 retrieves from the memory 10 this value and supplies it to the corrector 13. The corrector 13 thereafter calculates the difference between the predictive value and the measurement value. On the basis of this difference, the corrector 13 changes the correction coefficients used for calculating the predictive value in such a way that if the calculator would calculate a new predictive value with the same initial values stored in the memory means 10 but with the new correction coefficients, the difference between the predictive value and the measured value would be smaller than before. The new correction coefficients are stored in the second memory

means 11 from which the calculator 12 retrieves them for the next calculation of a predictive value.

If the most recent moment of measurement does not correspond to the moment for which the calculator 12 has already before calculated a predictive value, the calculator 12 first calculates a new predictive value for this moment of measurement on the basis of the data stored in the memory means 10. The corrector 13 thereafter calculates the difference between the predictive value and the measurement value and new correction coefficients in the above-described manner.

If the difference between the measurement value and the predictive value calculated for example for a certain time of day is repeatedly very close to zero in the long term (for several weeks), the monitoring equipment 9 may find that the predictive value is sufficiently accurate for the time of day. In such a case, the monitoring equipment 9 may suggest to the patient for example with a short message that there is no need to measure the blood glucose level at the aforementioned moment. Therefore, the patient can decrease the number of the daily measurements one at a time as the mathematical model proves to be sufficiently accurate, until as few as 1 or 2 measurements are required each day. This considerably facilitates the patient's daily life compared to the 6 to 8 daily measurements required at present for achieving a balance.

Figures 2 and 3 illustrate the second preferred embodiment of the monitoring equipment according to the invention. In the case shown in Figures 2 and 3, the monitoring equipment 9' is connected to a mobile phone.

The mobile phone MS may be for example a conventional GSM mobile phone the battery space of which comprises, instead of a conventional battery, a unit 14' which contains integrated both a battery and components required for calculating a predictive value, these

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components including for example a calculator 12', a
corrector 13' and memory means 10' and 11'. Since the unit
14' is connected to a communication bus of the mobile phone
MS, it is possible to supply data required for calculating
a predictive value to the calculator 12' by means of the
keyboard 15' of the mobile phone. Correspondingly, the
calculator 12' may forward the calculated predictive value
to the user via the display 16' of the mobile phone.
Therefore, the calculation of a predictive value does not
require communication with a separate data processing
equipment, but the monitoring equipment 9' can
independently calculate a predictive value on the basis of
the data supplied thereto. However, if the patient desires
he can also transmit the data he supplied to the monitoring
equipment, including the latest measurement results, to the
data processing system available to the doctor treating him
by means of a short message.

The unit 14' preferably also comprises an
integrated measuring device (not shown in the figures)
known per se for measuring the glucose level of a blood
sample. Therefore, the patient does not have to carry with
him several separate instruments, but the mobile
phone/monitoring equipment alone is sufficient.

Figure 4 illustrates the calculation of a
predictive value. According to the invention, the
calculation of a predictive value can utilize any adaptive
mathematical model known per se, wherein the difference
between the calculated predictive value and the actual
measurement result can be used for correcting the
mathematical model in such a way that the difference
between the calculated predictive values and the actual
measurement results will be minimized in the long term. In
other words, the mathematical model is able to "learn" how
the patient's system, i.e. the blood glucose level, varies
when certain initial values are changed. An example of a

mathematical model known per se that can be utilized in the
monitoring equipment according to the invention is a so-
called Widrow's adaptive LMS (Least Means Square)
algorithm.

5   In Figure 4, basic data $\underline{X}$ which may include data
about the moment t_i for which the predictive value is to be
calculated, the latest measurement result, the moment of
measurement, and the estimated medication, diet and
physical strain of the patient is supplied to the
10   mathematical model $\underline{H}$. The mathematical model of Figure 4
utilizes the fact that the blood glucose level of a person
with diabetes usually follows a certain daily pattern with
a certain accuracy, i.e. the glucose level follows the
daily routine of the diabetic approximately in the same
15   manner from one day to another. Therefore, the effect of
different initial values on the glucose level can be
monitored in the long term by keeping a record of the
initial values and the actual measurement values. The
mathematical model can therefore be amended in such a way
20   that the model provides a more accurate predictive value.
In practice, this may take place for example in such a
manner that for each moment in the daily routine there is
a separate correction table wherein each initial value has
its own correction coefficient, i.e. for example a
25   weighting coefficient, which is utilized when calculating
a predictive value and the value of which is changed when
the real difference between the calculated predictive value
and the actual measurement value is known.

          In the situation shown in Figure 4, a predictive
30   value for the moment t_i can be calculated for example from
the formula $\hat{g}(t_i) = \underline{H} * \underline{X}$. The calculated predictive value
is thereafter stored in the memory until the actual
measurement value for the patient at the moment t_i is
obtained. When the actual measurement value $g(t_i)$ is known,
35   the difference between the predictive value and the

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measurement value is calculated, i.e. $e(t_i) = g(t_i) - \hat{g}(t_i)$.
The difference is utilized for correcting the mathematical
model $\underline{H}$, for example in such a way that the correction
coefficients used in the model are corrected by means of
5   the formula $h_{ik+1} = h_{ik} + 2 * \mu * e(t_i) * x_i(t_i)$, wherein h_{ik}
is the weighting coefficient of the initial value x_i used
in the calculation at the moment t_i, and μ is a small
positive constant which ensures that the model does not
change radically on the basis of one single calculation,
10 but its coefficients change with relatively small steps
towards optimal values.

It should be understood that the above description
and the related figures are only intended to illustrate the
present invention. Different variations and modifications
15 of the invention will be evident for those skilled in the
art without departing from the scope and spirit of the
invention disclosed in the appended claims.

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Claims:

1. A method for monitoring the health of a
patient, wherein the glucose level $g(t_i)$ of the patient's
5   blood sample is measured, c h a r a c t e r i z e d   by
        formulating an adaptive mathematical model ($\underline{H}$)
about the behaviour of the patient's blood glucose level,
the model taking into account at least the patient's diet,
medication and physical strain and comprising comparing the
10   predictive values $\hat{g}(t_i)$ provided by the model to the
measured   glucose   levels $g(t_i)$ and   correcting   the
mathematical model ($\underline{H}$) on the basis of the result of said
comparison, and
        providing the patient with means (1, 9') for
15   utilizing said mathematical model ($\underline{H}$), so that the patient
can himself monitor and predict the effect of the treatment
he is to follow on the behaviour of his blood glucose
level.

2. A monitoring equipment (9, 9') for monitoring
20   the health of a patient, the equipment comprising
        means (15, 15') for receiving a measurement result
indicating the glucose level in the patient's blood sample
and for storing it in a first memory means (10, 10')
together   with   data   indicating   the   moment   of   the
25   measurement,   c h a r a c t e r i z e d   in   that   the
monitoring equipment comprises
        means (15, 15') for receiving data concerning at
least the patient's diet, medication and physical strain
and for storing the data in the first memory means (10,
30   10'),
        data processing means (11, 12, 11', 12') for
calculating a predictive value $\hat{g}(t_i)$ on the basis of the
data stored in the first memory means (10, 10'), the
predictive value indicating the patient's predictable blood
35   glucose level at a predetermined moment, and

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corrector means (13, 13') for calculating the difference between the calculated predictive value $\hat{g}(t_i)$ and the patient's actual blood glucose level $g(t_i)$ calculated at said predetermined moment, and for correcting the mathematical model utilized by the data processing means (11, 12, 11', 12') to calculate a predictive value in order to take into account said difference in the subsequent calculations of predictive values.

3. A monitoring equipment according to claim 2, c h a r a c t e r i z e d in that

the data processing means comprise a second memory means (11, 11') for maintaining correction coefficients utilized in the calculation of a predictive value, the data processing means (12, 12') being arranged to search from the second memory means (11, 11') the correction coefficients corresponding to the data stored in the first memory means (10, 10'), and to utilize said correction coefficients in the calculation of a predictive value, and

that the corrector means (13, 13') are arranged to change the value of the correction coefficients used in the calculation in order to minimize the difference between the predictive value $\hat{g}(t_i)$ and the glucose level $g(t_i)$ measured at said predetermined moment, and to store said changed correction coefficients in the second memory means (11, 11').

4. A monitoring equipment according to claim 2 or 3, c h a r a c t e r i z e d in that

the monitoring equipment (9) consists of a data processing system of a hospital, a health care centre or the like, the means (15) for receiving data concerning the measurement result, moment of measurement, diet, medication and physical strain comprising means for receiving said data from a communications device (1) that is available to the patient and that preferably utilizes a wireless data transmission link, and

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   that the monitoring equipment (9) comprises
transmitter means (15) for transmitting the calculated
predictive value ĝ(t$_i$) to the communications device (1)
available to the patient.

5   5. A monitoring equipment according to claim 2 or
3, c h a r a c t e r i z e d   in that the monitoring
equipment (9') comprises a measuring unit for measuring the
glucose level of a patient's blood sample, and for storing
the data indicating the measurement result and the moment
10   of measurement in the first memory means (10').

          6. A monitoring equipment according to claim 5,
c h a r a c t e r i z e d in that the monitoring equipment
and the measuring unit are connected to a communications
device utilizing a wireless data transmission link,
15   preferably to a mobile phone (MS) of a cellular radio
system or to a two-way pager, the monitoring equipment (9')
comprising means for transmitting the data stored in the
first memory means (10') via said data transmission link to
a data processing system that is available to a person
20   treating the patient.

          7. A monitoring equipment according to claim 6,
c h a r a c t e r i z e d in that the monitoring equipment
(9'), the measuring unit and the battery of the mobile
phone are integrated into one component (14') that fits
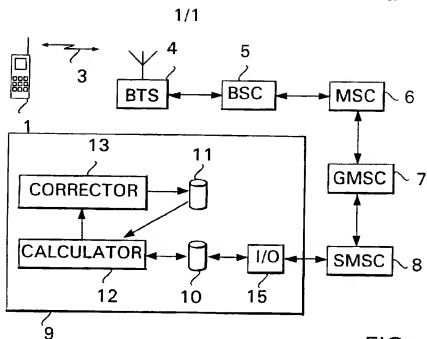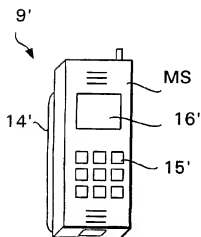25   into the battery space of the mobile phone (MS).
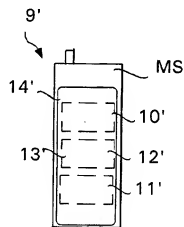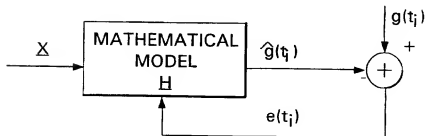
1/1

FIG. 1

FIG. 2

FIG. 3

FIG. 4

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INTERNATIONAL SEARCH REPORT

A. CLASSIFICATION OF SUBJECT MATTER

IPC6: A61B 5/00

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC6: A61B, G06F, H04B, H04Q

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

SE,DK,FI,NO classes as above

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

WPI

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	DE 4221848 A1 (SALZSIEDER ECKARD ET AL.), 5 January 1994 (05.01.94), page 2, line 47 - page 3, line 22	1-5
Y		6
A		7
	--	
Y	Proceedings of the Annual International Conference of the IEEE Engineering in Medicine and Biology Society,Vol. 14, November 1992, (Paris, France), pages 1238-1239, E.J. Goméz et al: "A Telemedicine Distributed Decision-Support System for Diabetes Management", see section II	6
A		1-5,7
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☒ Further documents are listed in the continuation of Box C.   ☒ See patent family annex.

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"A" document defining the general state of the art which is not considered to be of particular relevance
"E" earlier document but published on or after the international filing date
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Date of the actual completion of the international search	Date of mailing of the international search report
8 July 1997	09.07.1997

Name and mailing address of the ISA/	Authorized officer
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Form PCT/ISA/210 (second sheet) (July 1992)

INTERNATIONAL SEARCH REPORT

	International application No.
	PCT/FI 97/00086

C (Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	US 4871351 A (V. FEINGOLD), 3 October 1989 (03.10.89), column 3, line 3 - line 23; column 6, line 48 - line 58 --	1-7
A	US 5251126 A (M.G. KAHN ET AL.), 5 October 1993 (05.10.93), abstract -- --------	1-7

Patent document cited in search report	Publication date	Patent family member(s)		Publication date
DE 4221848 A1	05/01/94	NONE		
US 4871351 A	03/10/89	CA	1254091 A	16/05/89
		EP	0183351 A	04/06/86
		JP	61222457 A	02/10/86
US 5251126 A	05/10/93	AU	637711 B	03/06/93
		AU	8020591 A	07/05/92
		CA	2051914 A	30/04/92
		EP	0483595 A	06/05/92
		JP	4348747 A	03/12/92